



Los Angeles County
Department of Regional Planning

Planning for the Challenges Ahead



SUBDIVISIONS APPLICATION

Applicants are advised to consult with planning staff prior to submitting an application.

For assistance call 213-974-6411 or email subdivisions@planning.lacounty.gov to schedule an appointment

- Please see the Subdivisions Application Checklist at <http://planning.lacounty.gov/apps>.
- To submit an online application, please visit: <http://planning.lacounty.gov/apps>, and upload all required items to the Regional Planning Base Application. Project must be scheduled for a case intake appointment to be considered as accepted.
- Failure to provide all required information may cause delay or denial of the application.

This Section- Staff Use Only

Full SCM

Reports only

Initial

Revision No. 1 2 3 4 5

Deemed Complete No Yes, date _____

SCM Date: _____ Map Date: _____

Associated Plans: _____

1. Subject Property (Sujeto Propiedad)

ASSESSOR'S PARCEL NUMBER(s):

SUBJECT PROPERTY ADDRESS OR SITE LOCATION:

2. Project Description (Descripción del Proyecto) Attach additional sheets if necessary.

3. Owner(s) (Dueño/a Registrado)

NAME:

PHONE:

ADDRESS:

FAX:

CITY / STATE:

ZIP:

E-MAIL:

4. Subdivider (Solicitante) If different from owner

NAME:

PHONE:

ADDRESS:

FAX:

CITY / STATE:

ZIP:

E-MAIL:

5. Contact (Contacto)

Who should be contacted regarding this project: ☐ Owner ☐ Subdivider ☐ Contact listed below

NAME:

PHONE:

ADDRESS:

FAX:

CITY / STATE:

ZIP:

E-MAIL:

6. Project Table (Tabla del Proyecto)

Use Type	Number of Lots	Number of Units	Acreage	Ownership Type (For condos, indicate new/conversion, attached/detached.)
<input type="checkbox"/> Single-family				
<input type="checkbox"/> Multi-family				
<input type="checkbox"/> Commercial		N/A		
<input type="checkbox"/> Industrial		N/A		
<input type="checkbox"/> Open Space		N/A		
<input type="checkbox"/> Park Lot		N/A		
<input type="checkbox"/> Public Facility		N/A		

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<input type="checkbox"/> Water Tank				
<input type="checkbox"/> Other				
<input type="checkbox"/> Other				
TOTAL				
<input type="checkbox"/> Remainder Lot		N/A		

7. Entitlements (Derechos Solicitados) Select the entitlement(s) associated with the Subdivision

1. <input type="checkbox"/> PLAN AMENDMENT:	Area 1:	From	To	Acres
	Area 2:	From	To	Acres
	Area 3:	From	To	Acres
2. <input type="checkbox"/> ZONE CHANGE:	Area 1:	From	To	Acres
	Area 2:	From	To	Acres
	Area 3:	From	To	Acres
3. <input type="checkbox"/> CONDITIONAL USE PERMIT:	Check all uses requested and include within the CUP burden of proof.			
HILLSIDE MANAGEMENT:	<input type="checkbox"/> NON-URBAN		<input type="checkbox"/> URBAN	
ON-SITE GRADING:	<input type="checkbox"/> EXCEEDING 100,000 CUBIC YARDS		<input type="checkbox"/> EXPORT EXCEEDING	
ZONING RELATED:	<input type="checkbox"/> RESIDENTIAL PLANNED DEVELOPMENT		<input type="checkbox"/> DEVELOPMENT PROGRAM ZONE	
	<input type="checkbox"/> DENSITY-CONTROLLED DEVELOPMENT		<input type="checkbox"/> SIGNIFICANT ECOLOGICAL AREA (SEA)	
<input type="checkbox"/> OFF-SITE SOLID FILL (SEPARATE CUP REQUIRED)				
Specify amount of cubic yards included in this request: Cut: _____ Fill: _____ Import: _____ Export: _____				
<input type="checkbox"/> OTHER				
4. <input type="checkbox"/> OAK TREE PERMIT:	<input type="checkbox"/> Encroachment of _____ oak trees (_____ heritage oaks). <input type="checkbox"/> Removal of _____ oak trees (_____ heritage oaks).			
5. <input type="checkbox"/> PARKING PERMIT:				
6. <input type="checkbox"/> SHARED WATER WELL:				
7. <input type="checkbox"/> HOUSING PERMIT:	<input type="checkbox"/> Administrative <input type="checkbox"/> Discretionary			
8. <input type="checkbox"/> YARD MODIFICATION:				
9. <input type="checkbox"/> CSD MODIFICATION:				
10. <input type="checkbox"/> VARIANCE:				
11. <input type="checkbox"/> OTHER ENTITLEMENTS:				
12. <input type="checkbox"/> OTHER ENTITLEMENTS:				

8. Previous and Pending Cases (Solicitudes anteriores o pendiente)**9. Project and Property Data (Datos del proyecto y propiedad)**

List existing Use(s) and Structure(s) (gross square feet). Indicate whether these are to be removed or to remain.	Cubic yards of earthwork (grading) proposed: Total Volume: _____ Cut: _____ Fill: _____ Over excavation: _____ Import: _____ Export: _____ Remedial: _____ <input type="checkbox"/> Balanced on-site <input type="checkbox"/> No earthwork proposed
Are there slopes of 25% or more within the project site? <input type="checkbox"/> Yes (slope density analysis map required) <input type="checkbox"/> No	Water Source: <input type="checkbox"/> Public Water (source name) _____ <input type="checkbox"/> Private Well <input type="checkbox"/> Private Shared Well (Shared Water Well application required)
Are retaining walls proposed? <input type="checkbox"/> Yes (wall cross-sections and heights required) <input type="checkbox"/> No	Waste Disposal: <input type="checkbox"/> Public Sewer <input type="checkbox"/> Private Septic <input type="checkbox"/> Treatment Facility

10. Owner / Applicant Certification (Certificación del Dueño/Solicitante)

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By my signature below, I hereby certify the following:

1. I understand that the BURDEN OF PROOF is on the applicant to substantiate the request.
2. I understand there is no guarantee - expressed or implied - that any permit will be granted. I understand that each matter must be carefully evaluated and after the evaluation has been conducted or the public hearing has been held, that staff's recommendation or decision may be revised to a different position taken in any preliminary discussions.
3. I understand that planning staff is not permitted to assist the applicant or opponents of the applicant in preparing arguments for or against a request.
4. I understand that the environmental review associated with the submittal of this application is preliminary, and that after further evaluation, additional information, reports, studies, applications or fees may be required.
5. I understand that if my application is denied, there is no refund of fees paid. Unused funds remaining within deposit accounts will be refunded upon written request. Additional fees may be required depending on work required to process application.
6. I understand that submitting inaccurate or incomplete information may result in delays or denial of my application.
7. I certify that the information provided in this application, including attachments, is accurate and correct to the best of my knowledge.
8. The fees required to be paid with this application submittal may not reflect the total fees required. You may be required to pay additional fees. You will be notified if additional fees are required. If you fail to pay fees as they are due, your application may be delayed and/or denied.
9. I understand that by signing this application, I consent and expressly allow, authorize, and permit the County of Los Angeles, its departments, agents, and employees (collectively, "County"), to enter upon and inspect the subject property(ies) identified herein, with or without prior notice, for the purposes of inspecting, photographing, and/or processing this application. No additional permission or consent to enter upon the property(ies) is necessary or shall be required. By signing this application, I further certify and warrant that I am authorized to, and hereby do, consent and allow such inspections on behalf of each and all owners of the property(ies) identified herein.
10. I understand that all materials I submit to the Department of Regional Planning ("Department") in connection with my application may become public record subject to inspection and copying by members of the public. By filing an application, I acknowledge that I understand that the public may inspect and copy these materials and the information contained therein, and that some or all of the materials may be posted on the Department's website. For any materials that may be subject to copyright protection, or which may be subject to sections 5500.1 and 5536.4 of the California Business and Professions Code, by submitting such materials to the Department I represent that you have the authority to grant, and are granting, the Department permission to make the materials available to the public for inspection and copying, whether in hardcopy or electronic format.

11. I have read and understand the foregoing, and agree to the submittal of this application.

SIGNATURE (BLUE INK):

DATE:

PRINT NAME:

CHECK ONE: ☐ Owner ☐ Subdivider

11. Oak Tree Certification (Certificación de Árboles Robles) (Pursuant to Chapter 22.174)

Check only one box below:

- ☐ By my signature below, I certify that there are no protected oak trees located on the subject property or located within 50 ft. of the proposed project site.
- ☐ By my signature below, I certify that project activity will not occur within the protected zone of an oak tree (five ft. of the drip line canopy or within 15 ft. of any oak tree trunk, whichever distance is greater). This applies to on and off-site oak trees. All oak tree dimensions, including trunk diameter and canopy, are accurately depicted on the plans and are drawn to an acceptable scale.
- ☐ By my signature below, I certify that project activity will occur within the protected zone of an oak tree (five ft. of the drip line canopy or within 15 ft. of an oak tree trunk) and that I have concurrently submitted an Oak Tree Permit application. All oak tree dimensions, including trunk diameter and canopy, are accurately depicted on the plans and drawn to an acceptable scale.

SIGNATURE (BLUE INK):

DATE:

PRINT NAME:

CHECK ONE: ☐ Owner ☐ Subdivider

12. Lobbyist Statement (Información de un Grupo de Presión)

The Los Angeles County Lobbyist Ordinance, effective May 7, 1993, requires certification that each person who applies for a County permit is familiar with the requirements or Ordinance No. 93-0031 (Lobbyist Ordinance), and that all persons acting on behalf of the applicant have complied and will continue to comply with the requirements of said Ordinance through the application process.

By my signature below, I hereby certify that I am familiar with the requirements of Ordinance No. 93-0031 and understand that making such a certification, and compliance with this ordinance, shall be conditions precedent to granting the permit requested, license, contract or franchise.

SIGNATURE (BLUE INK):

DATE:

PRINT NAME:

CHECK ONE: ☐ Owner ☐ Subdivider ☐ Contact

LOBBYIST PERMIT NO.,
IF APPLICABLE: